



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County: 28 Madison		District: 0536 Alder Elem					District Level: Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	2	1	8	1.36	66	07/29/04		



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County:		District:					District Level:	
28 Madison		0537 Sheridan Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
47	5	1	54	1.36	65	08/23/04	_____	_____
47	5	2	52	1.15	59	08/23/04	_____	_____
47	5	3	53	1.15	53	08/23/04	_____	_____
47	5	4	152	1.36	66	07/29/04	_____	_____



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County:		District:					District Level:	
28 Madison		0538 Sheridan H S					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
53	5	1	54	1.36	65	08/23/04	_____	_____
53	5	2	52	1.15	59	08/23/04	_____	_____
53	5	3	53	1.15	53	08/23/04	_____	_____
53	5	4	152	1.36	66	07/29/04	_____	_____



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Date	Signature, Chair, Board of Trustees							
County:	District:					District Level:		
28 Madison		0540 Twin Bridges K-12 Schools					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	7	1	79	1.36	60	08/05/04	_____	_____
100	7	2	54	1.36	60	08/05/04	_____	_____
100	7	3	81	1.15	54	08/05/04	_____	_____
100	7	4	84	0.95	48	08/05/04	_____	_____
100	7	5	76	1.36	60	08/05/04	_____	_____



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28 Madison		0543 Harrison K-12 Schools						High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	23	1	104	0.95	16	07/13/04	_____	_____	
100	23	2	80	1.15	59	07/13/04	_____	_____	
100	23	3	33	1.15	59	07/13/04	_____	_____	



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28 Madison		0546 Ennis K-12 Schools					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	52	1	113	1.15	54	07/29/04	_____	_____
100	52	2	86	1.36	66	08/23/04	_____	_____
100	52	3	88	1.15	53	07/29/04	_____	_____
100	52	4	95	0.95	48	07/29/04	_____	_____
100	52	5	201.5	1.15	54	07/29/04	_____	_____